RENEWAL OF CPA or LPA LICENSE

2015

Complete entire form and return with fee to:

Iowa Accountancy Examining Board 200 East Grand, Ste. 350 Des Moines. IA 50309

Des Moines, IA 50309		AFFIRMATION FOR INACTIVE STATUS
□ CPA CERTIFICATE (active) □ CPA CERTIFICATE (inactive) □ LPA LICENSE (active) □ LPA LICENSE (inactive) IF POSTMARKED JULY 1- JULY 30, □ CPA CERTIFICATE (active) □ CPA CERTIFICATE (inactive) □ LPA LICENSE (active) □ LPA LICENSE (inactive) DO NOT MAIL AFTER JULY 3 The licensee is not authorized to practice during the certificate or licensee is lapsed, including the certificate or licensee is lapsed.	\$125.00 \$60.00 \$125.00 \$60.00 30, 2015! ng the period of time that the	If registering as inactive you must sign the following affirmation: By registering as "inactive", I hereby affirm that I will not engage in any of the practices listed in subrule 5.9(2) nor use the title "CPA" or "Certified Public Accountant" or "LPA" or "Licensed Public Accountant" in lowa without first complying with all rules governing reinstatement to active status. CPAs eligible to exercise a practice privilege shall consult subrule 20.8(2). Signed:
Certificate/License Number:		Residence Address: □ check if preferred mailing address
Name:		
Name: First Middle	Last	Street
Daytime Telephone: ()	Ext	City, State, Zip
I hereby affirm/attest that all information papplication is true and correct to the best		Name of CPA/LPA Firm (if applicable) check if preferred mailing address
Signed:		Street
Date:/20		City, State, Zip

RENEW ON-LINE AT:

www.licensediniowa.gov

(On-line renewal is quick & easy!)

CRIMINAL & REGULATORY HISTORY

Since your la	ast renewal have	you:
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- a. been convicted of a felony in any state, federal, or foreign jurisdiction? \Box yes \Box no
- b. been convicted of any other criminal offense in any state federal, or foreign jurisdiction, other than a traffic offense or simple misdemeanor?

 yes

 no
- c. had an initial or renewal application for a professional license of any type denied or refused? ☐ yes ☐ no
- d. had a professional license or authority to practice of any kind revoked, suspended, cancelled, or otherwise disciplined by a licensing board or agency of any state, a federal agency, or the PCAOB? ☐ yes ☐ no
- e. had a practice privilege revoked, suspended, or otherwise terminated by any state licensing authority? $\ \square$ yes $\ \square$ no
- f. surrendered a professional license of any type to resolve a disciplinary investigation or proceeding in any jurisdiction?

 yes

 no

If you answered "yes" to any of the above questions please attach a narrative description of the details and submit copies of the orders or other records that document the event and the current status of the matter.

PEER REVIEW				
This information is required for active renewals; incomplete applications will be returned.				
It is required to select the highest level of service provided to lowa clients by this individual.				
☐ Audit, review, agreed upon procedures, and other attest services				
☐ Compilation reports				
☐ Tax / Consulting / Other (Peer review not required)				
Audit, review, agreed upon procedures, and other attest services may only be provided by CPAs in a CPA firm. CPA firms providing attest services are subject to peer review requirements which must be disclosed when the CPA firm applies for an initial or renewal firm permit to practice.				
Compilation services may only be provided by CPAs and LPAs. Peer review is required and may be completed by a CPA firm or LPA firm, or may be individually completed by a CPA or LPA if compilation services are not provided in a CPA firm or LPA firm which holds a firm permit to practice.				
If peer review is completed for your firm, or if you individually perform compilation services but it has not yet been 18 months from the completion of your first financial reporting engagement (193A IAC 11.3), you may check one of the following and skip the remaining portion.				
Peer reviews are completed at the firm and not the individual level				
Less than 18 months from completion of first financial reporting engagement (attest or compilation)				
If you provide compilation services subject to an individual peer review requirement, please complete the information below:				
PEER REVIEW REQUIREMENTS FOR RENEWAL (IF APPLICABLE):				
IAC—5.5(3) A licensee who performs compilation services for the public other than through a certified public accounting or licensed public accounting firm shall submit a certification of completion of a peer review conducted in accordance with 193A-Chapter 11; no less often than once every three years.				
I hereby affirm that I have complied with Iowa Code section 542.6(6) or 542.8(22) and IAC 193A – subrule 5.5(3) and 11.1;				
inasmuch as a peer review was completed on by (Date) (Name of Peer Reviewer)				
My next peer review is scheduled for or due (Date)				
(23.3)				

For renewal to active status, you must complete <u>one</u> of the following options on your compliance with Iowa's continuing professional education (CPE) requirements. Retain your CPE records! In the event of an audit or complaint, you must be prepared to document and verify full compliance with Iowa's laws and rules on CPE, including 193A Iowa Admin. Code chapter 10.

OPTION 1	reside in and am currently licensed in good standing to practice public	
accountancy in	the state, district, or U.S. territory of my residence. I have complied with all mandatory	
•	cation that is required to sustain active licensure in that jurisdiction.	
continuing cau	eation that is required to sustain active needs are in that jurisdiction.	
	have completed at least 120 hours of CPE, including at least 4 hours of CPE in ethics, and, if st 8 hours of CPE on financial statement presentation, between: the following:	
	January 1, 2012 and December 31, 2014, OR	
	July 1, 2012 and June 30, 2015 (or date of renewal, if earlier).	
<u>OPTION 3</u> For persons initially issued an Iowa CPA certificate or LPA license less than 3 years ago. Check <u>one</u> of the following:		
	My first renewal. I am not required to report CPE.	
	My second renewal. I completed at least 40 hours of CPE after initial licensure.	
	My third renewal. I completed at least 80 hours of CPE after initial licensure.	

For Options 3

Renewals are defined as follows:

First renewal is considered less than 12 months ago Second renewal is 12 or more months ago but less than 24 months Third renewal is 24 or more months but less than 36 months

PAYMENT INFORMATION (This page will be destroyed after processing.)					
Check	Payment Amount \$				
VISA, MASTERCARD or DISCOVER (Circle One)	Card Number				
Name of Cardholder	Expiration (Month/Year)/				
Signature of Cardholder	Phone Number () ext				
REQUIRED FOR PROCESSING					
Date of Birth/					
Social Security Number of Licensee:					
Privacy Act Notice: Disclosure of your Social Security Number on this license application is required by 42 U.S.C. § 666(a)(13), Iowa Code §§ 261.126(1), 252D.8(1), 272J.8(1) and 193 IAC 4.4. The number will be used in connection with the collection of child support obligations, college student loan obligations, and debts owed to the state of Iowa, and as an internal means to accurately identify licensees, and may also be shared with taxing authorities as allowed by law including Iowa Code § 421.18. The Social Security Number will also be shared on a confidential basis with the National Association of State Boards of Accountancy, pursuant to Iowa Code § 542.4(7), solely for use in a national database of licensees. Updated 5-15-2015					